Dutchess County Common Grant Application 2003

This application has been jointly produced by a group of grantmakers who want to:

- foster a common language among funders, and health and human service agencies;
- reduce the work load on agencies seeking funds by reducing the number of required forms; and
- develop a format where they can share information about programs that are jointly funded.

As of January 2002, the following grantmakers agreed to use this application:

- The **Dutchess County Planning Department**   486-3660
- The **Dutchess County Youth Bureau**   486-3660
- The **United Way of Dutchess County**   471-1900
- The **Work Force Investment Youth Board**   463-0517
- The **Dutchess County Children's Services Council**   471-1900 x 17

This application can be received by calling any of the above funders or by accessing the form via the United Way's Web site @ *www.unitedwaydutchess.org,* or by accessing Dutchess County Youth Bureau's Web site @ *www.dutchessny.gov*.

Please note that some of the grantmakers have specific state and federal guidelines for utilization of their funds. After you have reviewed the general application, call the specific funder to get any additional directions and specifications that you may need to complete the application.

Your application must include all of the following materials in order to be considered for funding:

____ Cover Page with appropriate signatures (Attachment A)

____ Customer Information Sheet (Attachment B)

____ Logic Model (Attachment C)

____ Personnel Sheet (Attachment D)

____ Outcome Information & Future Reporting Sheet (Attachment E)

____ List of Board Members (Attachment F)

____ *Self-Evaluation Form (Attachment G)*

____ Agency Budget Sheet (Budget Form A)

____ Program Budget Sheet (Budget Form B)

____ Narrative responding to questions

____ Proof of 501(c)(3) Status

Please respond to all of the questions provided and use the appropriate attachments where indicated. As you will note, the focus of this application is not on your agency but instead on your customer. The

questions deal with how you plan to impact your customers and what resources you will need to have that impact.

I. PROGRAM OUTCOMES:

A. **Give a succinct** *(less than ½ page)* **description of your program clearly stating the ideal long-term goal that your program is striving to achieve for your customer.**

B. **Identify one or more of the major outcomes (that you are holding yourself responsible for) that your customers will derive if she/he participates in your program.**

II. CUSTOMER DESCRIPTION:

A. **Give a brief description of the typical customer for whom this program is targeted and identify the number of customers you plan to serve during the grant period.**

B. **Describe the recruitment process you have in place in order to attract the expected number of customers.**

C. **How do you define a successful completion of this program? How many successful completions did you have last year? How many do you expect this year?**

D. **If your program requires repeated or sustained attendance, how do you plan on assuring that your customers continue to be involved with your program until the desired outcomes are achieved?**

E. **Provide a summary of relevant demographic information about your customers. (Use Attachment B)**

F. **What percentage of your customers is low-to-moderate income? What criterion do you use to assess low-to-moderate income?**

> *Note: Some of the grantmakers who use this application have very specific guidelines for what constitutes a low-to- moderate-income family and what percentage of your funds must go to serve this population. Please call to get the guidelines under which the grant maker to whom you are applying operates.*

III. PROGRAM DESCRIPTION:

A. **Using the Logic Model framework outline the key components of your program. (Use Attachment C)**

> *Note: Some of the grantmakers who use this application contract for very specific activities. Please call to get the guidelines under which the grantmaker to whom you are applying operates.*

1. **Optional: If you feel a more detailed description of the activities you identified in your Logic Model is necessary to get a clear understanding of your program, please feel free to provide such a description here.**

B. **If services are provided anywhere other than the address listed on the cover page, please identify all sites where the various activities will be occurring. Use the following table to provide the hours and days of operation for each site.**

Site	Day(s)	Time (from__ to__)

C. 1. **Please reference local, state or national data, which supports a need for your program.**
   2. **List other existing services in the area that address the same problem/need, and describe how this program functions so as not to unnecessarily duplicate services.**

D. **Provide job titles, key responsibilities and qualifications, and salary information for all personnel involved in this grant. Do not use existing staff names but do list the credentials they hold and qualifications they possess. (Use Attachment D)**

IV. **PROGRAM EVALUATION AND OUTCOME INDICATORS:**

A. **Use Attachment E to outline how you will measure the success of your program.**

B. **Are you using a research-based method, curriculum, intervention plan, etc.? If so, state which one.**

C. **Explain your on-going program monitoring process. How do you monitor your program, how often, who is responsible for monitoring it, and with whom do you share the results.**

D. **Are your customers involved in the planning and/or evaluation of your program activities? If so, briefly explain how.**

V. **ORGANIZATIONAL INFORMATION:**

A. **State your agency's mission and give a brief** *(1/2 page or less)* **overview of what your agency does.**

B. **If this program is one of many, attach an Organizational Chart to this application that gives a brief overview of how this program fits into the overall agency.**

C. **Provide a list of your current board members. Indicate if any of them are youth members (under 21). (Use Attachment F)**

VI.   BUDGET INFORMATION:

A. Provide an overview of the expenses and income of your agency for the current year. (Use Budget Form A)

B. Provide a proposed budget for this program listing all projected income and expenses. (Use Budget Form B)

C. Briefly describe any cost-saving, or program-enhancing, collaborations that are part of this program. Do not list agencies with whom you only have a referral relationship.

D. What discretionary funds (fundraising proceeds, donor choice, etc.) is the agency applying towards this program, and what efforts have you undertaken to secure additional funds for this program?

E. Do you currently have a data management information system? If so, what system do you use?

F. If this is a previously funded program, and you are asking for an increase of more than 3%, BRIEFLY explain why.

VI.   SELF-EVALUATION: Quantify your capacity to deliver outcomes in an effective and efficient manner by following option A or B below, as appropriate to your program.

A. If you currently operate a program such as the one proposed in this application:

- Complete Attachment G, Self-Evaluation Form A.

- Describe in a very brief paragraph any changes that you have implemented over the past year based on your self-monitoring process.

B. If this is your first year of program operation:
- Fill out Attachment G, Self-Evaluation Form B.
- Briefly describe why you believe your organization has the capacity to deliver these outcomes at the described cost.